

04-10-07

1FW

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

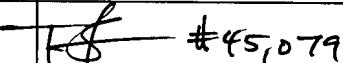
*(to be used for all correspondence after initial filing)*

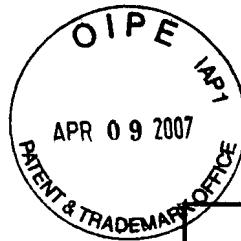
		Application Number	10/533,178-Conf. #7157
		Filing Date	April 29, 2005
		First Named Inventor	Egil Pedersen
		Art Unit	3679
		Examiner Name	J. M. Hewitt
Total Number of Pages in This Submission	28	Attorney Docket Number	17239/003001

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Substitute Specification (5 pages) Annotated version of the specification (5 pages) Certificate of Express Mailing (1 page) Return Receipt Postcard Copies of IDS Citations
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	OSHA · LIANG LLP		
Signature	 #45,079		
Printed name	Jonathan P. Osha <i>THOMAS SCATTERSR</i>		
Date	April 9, 2007	Reg. No.	33,986



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **( \$ )** **180.00**

### Complete If Known

Application Number	10/533,178-Conf. #7157
Filing Date	April 29, 2005
First Named Inventor	Egil Pedersen
Examiner Name	J. M. Hewitt
Art Unit	3679
Attorney Docket No.	17239/003001

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues) Fee (\$) 50 25  
 Each independent claim over 3 (including Reissues) Fee (\$) 200 100  
 Multiple dependent claims Fee (\$) 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
<u>3</u>	<u>- 20 =</u>	<u>x</u>	<u>=</u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>1</u>	<u>- 3 =</u>	<u>x</u>	<u>=</u>

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

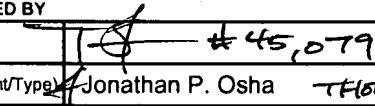
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>_____</u>	<u>- 100 =</u>	<u>/50</u>	<u>(round up to a whole number) x</u>	<u>=</u>

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

#### SUBMITTED BY

Signature 	Registration No. (Attorney/Agent) <u>33,986</u>	Telephone <u>(713) 228-8600</u>
Name (Print/Type) <u>Jonathan P. Osha</u> <u>THOMAS SCHLESER</u>	Date <u>April 9, 2007</u>	



~~Application No. (if known): 10/533,178~~

Attorney Docket No.: 17239/003001

## **Certificate of Express Mailing Under 37 CFR 1.10**

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM882598315US in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on April 9, 2007  
Date

 Sophie Bell  
Signature

Signature

Sophie M. Bolt

Registration Number, if applicable

(713) 228-8600

**Telephone Number**

**Note:** Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

**Transmittal (1 page)**

Reply under 37 C.F.R. § 1.111 (to Office Action dated January 8, 2007)  
(10 pages)

**Attachments:**

- Substitute Specification (5 pages)
- Annotated version of the specification (5 pages)

**Amendment Transmittal (1 page)**

**IDS (Citation) by Applicant (1 Reference) (1 page)**

## Information Disclosure Statement (2 pages)

**Fee Transmittal (1 page)**

Payment by credit card. Form PTO-2038 is attached (1 page)

Charge \$180.00 to credit card

### **Copies of IDS Citations**

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
17239/003001

Application No. 10/533,178-Conf. #7157	Filing Date April 29, 2005	Examiner J. M. Hewitt	Art Unit 3679
---	-------------------------------	--------------------------	------------------

Applicant(s): Egil Pedersen

Invention: COUPLING MEMBER FOR USE IN A SYSTEM WITH FLOWING FLUID COMPRISING  
INTEGRAL LOCKING TONGUES FOR ENGAGING WING E.G. AN ANNULAR GROOVE**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	3	- 20 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): 1806: Submission of an Information Disclosure Statement					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					180.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 50-0591  
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

*(Signature)* #45,079  
Jonathan P. Osha *Fronts Secretary*  
Attorney/Agent Reg. No.: 33,986

Dated: April 9, 2007

OSHA · LIANG LLP  
1221 McKinney St., Suite 2800  
Houston, Texas 77010  
(713) 228-8600